

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 140  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Pediatric Dentistry Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Perry L. Jeffries**

Mailing Address 871 Huffman St

City

Greensboro

State

NC

Zip Code

27405-7205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 23 / 2015

**Transaction ID : SA11Al.18582**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Jaren T. Jensen**

Mailing Address 9500 W Flamingo Rd Ste 200

City

Las Vegas

State

NV

Zip Code

89147-5721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Smile Reef Pediatric Dentistry

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 19 / 2015

**Transaction ID : SA11Al.19008**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr. Bret M. Jerger**

Mailing Address 2101 North Main Street

City

Decatur

State

IL

Zip Code

62526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Pediatric Dentist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : SA11Al.18627**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00